SOCIOLOGICAL STUDY ON THE ROLE CONFLICT AMONG THE FEMALE NURSING PROFESSIONALS

PhD SYNOPSIS

SUBMITTED TO

MANGALORE UNIVERSITY

FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY IN SOCIOLOGY

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MANGALAGANGOTHRI
SEPTEMBER 2020

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Introduction

Sociology has various sub branches like educational Sociology, political sociology, social morphology, rural sociology, urban Sociology and medical sociology. Medical sociology is a new branch of sociology that deals with all the social factors which causes illnesses, doctor patient relationships and social functioning of health institutions. Sociology helps the medical professionals to know about different cultures, life styles of patients and their social background. It also helps them to know about the impact of social problems on community health problems and attitude of the patients towards health.

The present study focuses on role, role performance, and role conflict among the nursing personnel in the medical sociological perspective. According to Ogburn and Nimkoff “role is a set of socially expected and approved behaviour patterns consisting of both duties and privileges associated with a particular position in the group”. According to young and Mac “role is a function of a status”. Role performance refers to the overt behavioral aspect, more or less characteristic ways in which the individual acts as an occupant of a social position. Because role performance involves immediately observable behaviour, its description seems to present few systematic problems. However the formulation of adequate variables for the analysis of role performance is in fact a major theoretical problem and one of the great blocks in empirical research.

There are no roles without statuses or statuses without roles. Every individual has a series of roles deriving from the various patterns in which he

participates and at the same time a role in general, which represents a sum total of these roles and determines what he does for his society and what he can expect from it. An individual in the course of his life performs a number of different roles successively or simultaneously. The synthesis of all the social roles he has ever performed from birth to death constitutes his social personality.

Whenever there is a disagreement or resentment towards the role assigned, then there is tension or conflict. These conflicts are role conflicts which may be occurring due to disagreement related to a given role. These role conflicts are less in simple, culturally homogeneous society as compared to complex, heterogeneous society. Role conflict occurs due to different roles performed in different groups by an individual. A nurse performs the role as a head in the family and role of care giver in hospitals. Her role as a head of family may come into conflict with role as a nurse. She may sometimes sacrifice her duties towards her family in the interest of her nursing profession. Sometimes two or more persons are authorized to perform same function or similar functions in same situation. Then role conflict occurs because of confusion and relying on each other for function or work. Role conflict can be in social system when an individual thinks the function which he is performing is below his status. .Role conflict is caused when the persons differ in the perceptions regarding duties and responsibilities.

These role conflicts create disappointment, frustrations and serious personality consequences. So each social system will function smoothly and efficiently, if the roles are clearly allocated, rights and duties are clearly understood and each member behaves in his role as expected. Today nursing is not

simply an effort to cure illness and provide preventive services, but it is an effective agent of health Promotion. Knowledge of the community, facilities and resources available there in are essential. Sociology can help the nurses to play an important role in understanding and improvement of community life. A nurse plays a vital role while dealing with patients. She should treat the patient without any prejudices and racial differences. She should respect his or her religion, customs, values and traditions.

Role conflict and Nurses

The negative effects of job stress on nurses have received increased attention in recent times. Nurses work in very stressful environment with minimal control and organisational pressure may actually have a negative effect on patient safety. In addition, nurses with frequent job stress could experience numerous psychological and physical problems as well. Studies have shown that role conflict have the largest effect on occupational burnout and had a high correlation with occupational burnout. Clearly role conflict has a significant positive relationship with emotional exhaustion, personal unconcern and occupational burnout. (Oladosu et .al .2014).

Over the past few decades there has been a growing belief that the experience of stress at work has undesirable effects both on health safety of workers and on health and effectiveness of their organisation. Low job satisfaction, High job demands, low supportive relationship in the workplace, concern about quality nursing and medical care, dealing with death and dying situations, excessive work load being short on resources, being in one clinical unit for

extended periods of time, dealing with uncooperative family members and patients have been found to be the problems experienced by nurses (Bajwa.Amardeep Kaur.NN Times 2013).

Workplace problems can be physical as well as a psychological. Physical problems maybe fatigue, hypertension, tiredness, needle prick injuries, infection, backache, migraine, psychological problems may be stress and anxiety (Onasoga Olayinka.et.al European journal. 2004). Studies have shown that nurses are three times more likely to make errors if their work shifts are longer than 12 hours per day. In addition to being more prone to medical errors, nurses who work longer shifts experience neck, shoulder and back injuries than nurses who work 8 hour shift. Fatigue can cause psychological changes including impaired concentration, slow reaction time and reduced problem solving abilities (Onasoga olayinka.et.al.2004)

Nurses witness sufferings of the patient everyday and sometimes death of the patient whom they have cared for. They also deal with patients who do not improve in spite of providing maximum possible care and treatment. All this may result in more stress. As there is acute shortage of nurses in majority of hospitals in India, nurses face problems of increased workload. They are unable to complete the task in time and have inadequate time to meet emotional needs of the patient and in most of the hospitals nurses have to do too many non nursing tasks such as clerical work. Nurses have to deal with patients who come from diverse socio-cultural backgrounds and knowledge of sociology will help them to understand the behaviour of individuals in the right perspective. They face many ethical questions

in the profession and a good grounding in sociology is immensely helpful in dealing with such situation and issues.

Need for the study

Very few studies have been done on nurses in Sociology especially with regard to their problems and role performance. Nurses play an important role in providing healthcare to the community. Their role has always been undermined compared to the physicians. There is a need to highlight their problems, focus on their contribution towards catering to the health needs of the society. By analyzing the impact of role conflict on role performance of nurses this study also provide suggestions to overcome role conflict.

Statement of the Problem

The present study is stated as, sociological study on the role conflict experienced by female nursing professionals. It is an analytical study on the role conflict experienced by the female nursing professionals of Multi-Specialty Medical College Hospitals in Dakshina Kannada district.

Objectives of the study

1. To analyze the relation between socio demographic variables and role conflict among nurses.
2. To study the impact of role conflict on the role performance.
3. Suggest effective measures to overcome role conflict.

Review of literature

Stress: During the past decade, the concept of stress has become the popular area of study in medical sociology seeking to link life conditions and health. There has been a great increase in the amount and sophistication of research on stressful life events. Yet very modest progress has been made towards a formulation of the ways in which social stresses and life experiences that require adaptation, interaction with social supports, resources and coping skills to influence the current and future status of physical and mental health (Puroshothama.2007).

Concept of Role: Although the concept of role has been criticized by some scholars, no better substitutes has been provided in each field of activity in which a person interacts with others and acquires a status and with social position go certain expected forms of behaviour, particular role one is expected to play. Role is a dynamic aspect of status and provides the link between individual behaviour and social structure (Blalock.1982).

Role Conflict: The multiplicity of roles with different values and obligations is the basis of many conflicts in the society. The major reasons for role conflict can be cultural heterogeneity and complexity of social system, different roles of an individual in different groups, possibility of confusion over the appropriateness of a case, when two or more persons are authorized to perform the same functions, when the functions are below the status of individual, differences in expected behaviour from the person assigned a role, differences in the perception of one's duties and responsibilities (Bhushan and Sachdeva.1996).

Occupational Stress: research was carried out to study the effect of different professions and multiplicity of social roles on the role conflict amongst working women. It was hypothesized that women in professions with low level of perceived social recognition would experience more role conflict than those with high level of perceived social recognition. It was also noted that more the number of social roles, higher would be the role conflict among working women. The findings of the study indicated that role conflict was maximum among nurses compared to doctors and lecturers. It was noted that nurses are more vulnerable to inter role conflict because of their occupational roles which are demanding in terms of time, energy and commitment (Malhotra Sunita et al.2005).

Health Issues: Many health problems have also been associated with night shifts or extended working period. Night work has also shown to have serious effects on reproductive health that is premature birth, miscarriages and infertility. Thus both shift work and insecurity represent a serious risk to the well-being of the nurses and the risk is probably high compared to any other profession (Lindfors. 2006).

Nurses and Role Conflict: Studies have shown that moral distress is experienced by nurses when they feel unable to fulfill their professional duties towards patients due to institutional constraints. They feel disempowered because they cannot follow through the right course of action for a patient, therefore condemning their integrity and authenticity on a professional and personal level. Power hierarchies that are present in many hospitals may also be a contributing factor towards moral distress for nurses when they feel that their expertise is not recognized (Sreevani. 2006).

Role Conflict among Nurses

This research is an attempt to study the role conflict experienced by the female nursing professionals of multispecialty Medical College Hospitals of Dakshina Kannada district in Karnataka state. The study included the prominent hospitals in Dakshina Kannada district to collect the primary data. The data was collected from the nursing staff of 7 multispecialty Medical College hospitals in the district that is, A J Institute of Medical Sciences Mangalore, Father Muller Medical College Hospital Mangalore, KMC hospital Attavar Mangalore, K S Hegde medical academy Derlakatte, K V G Medical College Hospital Sulia, Srinivas Institute of Medical Sciences and Yenopoya Medical College Hospital.

Questionnaire tool was used to gather the primary data. The respondents were selected on the basis of random sampling which is proportional to the nursing strength in each institution. Total of 500 respondents were selected among the nurses in service. Then the data was compiled for statistical analysis. The secondary data was collected from journals, magazine articles and periodicals. The collected data was edited, tabulated and processed statistically. After the analysis of the data, major findings and conclusions along with recommendations were presented in the form of a thesis. The work is presented in the thesis form under four independent chapters.

Chapter 1. Introduction- This chapter gives an insight regarding important concepts related with role conflict that is concept of role, role performance, role dilemmas, role distance, status and role, social role, role set, sociology and health

care and sociology and the nursing profession. The objectives, statement of the problem, chapterization, need for the study and methodology is included in this chapter.

Chapter 2. Review of Literature- literature related with the research topic that is concept of role conflict, stress, occupational burn out, role ambiguity, work home conflict, role conflict and stress, occupational health hazards were collected from books, journals and periodicals and reviewed.

Chapter 3. Role conflict among the female nursing professionals- The data obtained from the respondents were statistically analyzed and discussed by deriving mean, median, standard deviation and drawing tables and charts in this chapter. Association of demographic variables and role conflict was determined by applying the Fisher's exact test. Correlation between role conflict and role performance was found by using Karl Pearson's correlation test. Association of demographic variables and role performance was derived by using the chi-square test.

Chapter 4. Findings, Recommendations and Conclusion- This chapter discusses about the major findings of the research work that is demographic profile, role conflict among nurses, role conflict and demographical variables, role performance, role conflict and role performance, demographical variables and role performance, health issues, role of family and strategies suggested by nurses to deal with role conflict. Recommendations were suggested and conclusion was drawn.

The data collected were organized and analyzed by using descriptive and inferential research design. The data obtained were analyzed on the basis of the objectives.

a) Demographic variables were analyzed by taking percentage.

b) Assessment of role conflict was done by deriving mean, median and standard deviation.

c) Association of demographic variables and role conflict was determined by applying fisher's exact test and Chi square value.

d) Assessment of role performance was done by deriving mean, median and standard deviation.

e) Correlation between role conflict and role performance was found by using Karl Pearson correlation test.

f) Association of demographic variables and role performance was derived by using chi-square test.

g) Association of health effect with demographic variables was found by using fisher's exact test.

Major Findings

The major findings of the study are as follows:

a) Socio Demographic Variables

The study findings reflects that majority of the respondents were within the age group of 20 to 30 years (79.8%). Most of the nurses belonged to Christian religion (50 3.0%) followed by Hindus (44.8%). Almost all the nurses had Indian nationality except one who belonged to Nepal. Regarding place of residence, it was observed that nurses coming from rural and urban areas were almost equal that is urban areas it is 50.8 percent and rural areas 49.2 percent. Majority of the nurses stated that their annual family income is less than 1 Lakh (65.4 %), whereas only 4 percentages of the respondents stated that they had more than 10 lakh annual family incomes. Majority of the nurses are staying in nuclear family setup (81.0%). Most of the subjects are single (61.0%) and the number of married nurses were half of that (38.2%). Among those who had children, majority of them had only one child (42.8%) and no one has more than three children. Most of the nurses (41.8%) had children who are below 5 years of age. Majority of the subjects were GNM diploma holders (51.2%). Nearly half the subjects had (46.2 %) less than 5 years of work experience. The study shows that more than half of the respondents 52.2 percent have to travel for more than 10 kilometer from home to the workplace and majority of them 67.4percent opted for public transport system to travel to their work place.

b) Role Conflict

In the present study assessment of role conflict was done by deriving mean, median and deviation. Role conflict was measured by standardized tool. The study shows on an average moderate level of role conflict existed among the respondents (72.2%). Assessment of role conflict which was measured by summating the responses of the subjects showed that majority of the nurses had moderate level of role conflict

c) Demographic Variables and Role Conflict

The present study analyzed the association of demographica variables with role conflict by finding the 'P' value for the above association. The study indicated that there is no significant relation between demographic variables and role conflict. The demographic variables test shows that there is insignificant relation of role conflict with age, religion, nationality, place of residence, annual family, type of family, marital status, number of children, work experience, mode of transportation and distance from home to work.

d) Role Performance

The assessment of role performance which was analyzed by calculating the mean, median and standard deviation, reflects that majority of the nurses (60.8%) showed moderate role performance, 5 percent showed poor performance and the remaining (34.2%) showed good role performance.

e) Role conflict and Role Performance

Karl Pearson's correlation test was administered to see the correlation

between role conflict and role performance. The study indicates that lesser the role conflict better is the role performance. So significant correlation was found between role conflict and role performance.

f) Demographical Variables and Role Performance

To analyze the association demographic variables and role performance,' P' value was taken by using Chi square and fisher's exact test for analysis. The study indicated that there is a highly significant relation between age and role performance. With increasing age, good role performance is observed. There is no significant association of role performance with religion, place of residence, number of children, age of the children and professional qualification. But there is a significant relation is seen between annual family income, total years of work experience, distance from home to work place and mode of transportation to the workplace with role performance.

g) Health Effects

It is observed that majority of the nurses have moderate health. The major health issues are sleep deprivation, experiencing changes in menstrual cycle, experiencing lower sex drive, physical health problems, feeling fatigued or tired, and feeling of depression.

h) Correlation of Health status with Role Conflict and Role Performance.

The possible correlation of health status with role conflict and role performance was calculated by using Karl Pearson's correlation test which indicated that there is a significant correlation between role conflict and role

performance with health status. More role conflict is associated with poor health score and more role performance score is associated with better health score.

i) Strategies suggested by Nurses

In the present study the nurses prioritized their preference to deal with role conflict and it was observed that most preferred way suggested by nurses to deal with role conflict in descending order is time management, prioritizing their responsibilities, flexible working hours, sharing the problems with closed ones, sharing their duties, yoga and meditation, recreational activities, paid holidays, counseling services and taking a break from the career.

j) Role of Family

The study found that majority of the nurses are of the opinion that family can play a decisive important role in dealing with role conflict by providing psychological support, better communication, recreational activities, co operation in household work, appreciation and respect towards the job, family holidays and spending more time with family members.

Recommendations

In the light of the findings of the present study, the following recommendations are made:

1. The present study can be done on a larger scale with a larger field.

2. The future research works should focus on measures to take out the quality service from the nurses..

3. An interventional study can be done to see the effect of suggested measures to overcome role conflict.

4. The government, policy makers and hospital management should work hand in hand to improve the working conditions in hospitals.

5. Better social security measures and incentives should be provided by the authority to the nurses who are crucial to the health care system.

6. The delivery of healthcare services in the society is hampered because of the shortages in the health workforce. This deficiency of health work force leads to increase of workload among the healthcare providers, thus creating a barrier in providing quality healthcare to the population. So there is a need to establish more training institutes for nurses and midwives, to bridge the gap of the health workforce impacting healthcare facilities.

7. Continuing educational programs through mass media and health talks, nurses can be helped to gain knowledge regarding stress management.

8. Professional career advice is needed because many people join nursing as a second option or choice, without having much information about the challenges in this profession. The differences between expectation and reality may lead them to frustration and depression.

9. In the working environment there are many pull and push factors which attract and distract nurses to continue with their profession and sometimes they experience job insecurity. So working environment has to be conducive to provide job satisfaction.

10. There is a need to involve the social media to spread positive messages about this profession and remove the negative images of nursing profession like stereotyping, feminism, subordination to doctors and social image that goes with them.

11. Family counseling sessions for nurses as well as family education programs at the community level can play a major role in overcoming role conflict and improving the role performance.

12. The provision of effective stress management training for nurses both at UG and PG level could be an important requirement for avoiding long term mal-adaptive effects of nursing work strain.

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Conclusion

Medical Sociology is a specialized branch of Sociology that studies health, health behaviour and health institutions. Previously disease and its treatment were considered as the problem of medical sciences alone, but medical sociologists have argued that in diseases and health problems, the role of social and psychological factors is very significant. Sociology plays a significant role in the area of health sciences. It is closely related to personal and community health. Hence it is for this reason specialized branches like medical sociology and hospital sociology have come into existence. The present study deals with one of the major issue in medical sociology that is role conflict.

Nursing care is the primary and essential component of nurse's job. To meet the needs of her patient adequately, it is essential that the nurse develops self understanding. She must strive constantly to become emotionally, mentally, morally and socially mature. We should find ways to promote nurse's ethical development to go beyond conventional practice. Nurses should be motivated through education and their professional arena to reflect critically and creatively on their work in relation to patient's well being. They have to be individually and professionally empowered so that they are able to implement difficult personal ethical decisions.

Nurses must be given the opportunity to express their concern about institutional constraints and they should be involved in problem solving. Mutual respect between healthcare professionals is also important and nurses must feel

that their contribution is valued. Nurses must be given the opportunity to practice their profession in a way that does not violate their core values.

There is a need to reduce the negative effects of their profession among nurses. Interventions should focus on improving the ability to control central aspects of their own work. Decision making and managerial procedures need to be improved to enhance participation and feedback should be taken from nurses about their work issues.

There has been growing evidence that stress and burnout at work have considerable effects not only on the worker but also on the organisation. It is perceived more among the nursing professionals because of the specific roles and responsibilities, increased workload, dealing with high risk factors, emotional aspects of the patient care and other factors inherent in the nature of work.

By and large, nurses represent a workforce with high motivation and dedication. In the absence of systemic change and stress management it becomes difficult to see how new generation of nurses can be reasonably expected to manage the strains of their profession as a career which can be safely and effectively sustained. On the whole the nurses have moderate health. Most of them suffer from sleep deprivation, depression, substance abuse and tiredness. More role conflict is correlated with poor health status and more role performance is associated with better health status. The reasons for health problems are night shift duty, stressful working environment, over work load, domestic responsibilities, and stressful workplace and staff shortages.

The most preferred way to deal with role conflict as suggested by nurses are, time management followed by prioritizing their responsibilities. It indicates that in spite of working under stressful conditions nurses prefer to continue in their profession. The family can play a crucial role in decreasing role conflict and improving the role performance of the nurses. Measures taken at the family level can go a long way in dealing with stress, occupational burnout, health issues and role conflict among nurses. The present study may instigate and give more clues for further research in medical sociology.

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